EPI Update for Friday, October 9, 2009
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Guidance for use of live nasal spray H1N1 vaccine in vaccination clinics**
- **Updated: pediatric antiviral dosing syringe and compounding information for 2009 H1N1 and seasonal flu**
- **UHL requesting laboratories submit one rapid test positive for confirmation per week and note change in "Influenza Algorithm," effective Oct. 12, 2009**
- **Information on rapid influenza testing**
- **Influenza activity is steadily increasing**

Guidance for use of live nasal spray H1N1 vaccine in vaccination clinics

Guidance for Use of Live Nasal Spray H1N1 Vaccine in Public Health and Private Vaccination Clinics When Vaccine Supplies Are Limited

Those in the highest priority group who are recommended to get the live nasal spray H1N1 vaccine:

- Healthy persons who live with or provide care for infants less than 6 months of age, **and** who are between 2 through 49 years of age
- Healthy health care workers giving direct patient care **and** are less than 50 years of age (except those who work with severely immune-compromised patients such as on hospital bone marrow transplant units). Almost all Iowa health care workers can receive the LAIV vaccine
- Healthy children 2 years of age through 4 years of age

Those in the highest priority group who should wait until inactivated injection is available:

- Pregnant women
- Persons living with or providing care to infants less than 6 months of age, **and** who are 1) over 6 months of age up to 2 years of age, **or** 2) older than 50 years of age, **or** 3) have chronic medical conditions
- Health care workers giving direct patient care **and** who 1) have chronic medical conditions, or 2) are 50 years of age or older, or 3) provide care for severely immune-compromised patients such as on hospital bone marrow transplant units
- Healthy children 6 months of age up to 2 years of age
- Children between 6 months and 18 years of age **and** have chronic medical conditions

Updated: pediatric antiviral dosing syringe and compounding information

Pharmacists and physicians who care for pediatric patients should be aware of two issues: (1) the possible need to compound Tamiflu® locally if commercially manufactured pediatric oral suspension is not available, and (2) the need to ensure that the units of measure on the suspension dosing dispenser and the dosing instructions match.

Compounding an oral suspension from Tamiflu® 75mg capsules is possible when commercially manufactured oral suspension is not readily available. See FDA-approved instructions at
www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM147992.pdf
on pages 18 and 19.

There is also a need to ensure that the units of measure on the dosing dispenser and the dosing instructions match, i.e. ensure the units of measure on the dosing instructions match the dosing device provided. For more information, see the updated interim recommendations issued by CDC on September 22, 2009 for the use of antivirals in the treatment and prevention of influenza which can be found at
www.cdc.gov/H1N1flu/recommendations.htm and in the 2009-2010 Influenza Season: Information for Pharmacists available at
www.cdc.gov/H1N1flu/pharmacist/pharmacist_info.htm

UHL requesting laboratories submit only one rapid test positive for confirmation per week

Since UHL implemented the Influenza Algorithm, on 8/1/2009, there has been new guidance from CDC and ASM indicating the poor performance of the rapid tests with Novel H1N1 virus (note change in algorithm). Effective Oct 12, 2009, laboratories may submit one rapid test positive for confirmation per week to UHL. Note: all hospitalized patients with respiratory illness regardless of rapid test performance or result. See algorithm at: www.uhl.uiowa.edu/kitsquotesforms/influenzaalgorithm.pdf

Information on rapid influenza testing

CDC states that most patients with influenza like illness do not require diagnostic influenza testing for clinical management. Rapid influenza diagnostic tests (RIDTs) are widely available but have variable sensitivity (range 10 – 70 percent) for detecting 2009 H1N1 influenza; compared to rRT-PCR test (done at UHL). More information on sensitivity, specificity and interpretation of RIDT results can be found at:
www.cdc.gov/h1n1flu/guidance/rapid_testing.htm

ASM notes: ***'negative results do not rule out influenza especially when clinical signs and symptoms are consistent with influenza-like illness,'*** **and** ***'positive results may need confirmation especially when prevalence of influenza in the population is low.'"***
www.asm.org/images/pdf/Policy/fluasmalgorithm10-05-09.pdf

Keep in mind that the test result does not impact patient care; at this time only 2009 H1N1 has been detected in Iowa. In the next few days, the live nasal spray vaccines will be given and this vaccine can give a false positive rapid test result.

Influenza activity is steadily increasing.
Influenza activity is steadily increasing in Iowa; school absences of over 10 percent of the student body have been reported from every region of Iowa. Hospitalizations are also increasing, with the patient's average age being 20. For surveillance information refer to www.idph.state.ia.us/adper/iisn.asp.

Meeting announcements and training opportunities
None

Have a healthy and happy week and flu free week!
Center for Acute Disease Epidemiology
Iowa Department of Public Health
800-362-2736